

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10625624</u>	FILING DATE <u>3</u>					
							APPLICANT(S) <u>..</u>						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13	1						63						
14	1	1					64						
15	1						65						
16	1						66						
17		1					67						
18		1					68						
19		1					69						
20	1						70						
21		1					71						
22	1						72						
23	1						73						
24	1						74						
25	1						75						
26		3					76						
27		3					77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	22						TOTAL DEP.						
TOTAL CLAIMS	31						TOTAL CLAIMS						